

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **January 16th through 31st**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:	2. DATE SUBMITTED	Appl. Identifier
Application Construction	3. DATE RECEIVED BY STATE	State Application Identifier
Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Preapplication Construction		
Non-Construction		

5. APPLICATION INFORMATION

Legal Name The Regents of the University of California	Organizational Unit CE-CERT
Address (give city, county, state, and zip code) University of California, Riverside Office of Research Affairs 200 University Office Building Riverside, CA 92521	Name and telephone number of the person to be contacted on matters involving this application (give area code) <u>Administrative Contact</u> Linda L. Bryant 909-787-5535 <u>Technical Contact</u> Dennis R. Fitz 909-781-5781

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9	5	—	6	0	0	6	1	4	2
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8. TYPE OF APPLICATION:

☒ New Continuation Revision

If Revision, enter appropriate letter(s) in boxes(es) ☐ ☐ ☐

A. Increase Award B. Decrease Award C. ☐ Increase Duration

D. Decrease Duration Other (specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box) ☐

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify):

9. NAME OF FEDERAL AGENCY:

Environmental Protection Agency

RECEIVED

JAN 31 2003

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

8	8	5	0	0
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TITLE: 2003-STAR-C1, Measurement, modeling, and analysis methods for airborne carbonaceous fine particulate matter

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SITE CLEARING HOUSE

EVALUATION AND MINIMIZATION OF ORGANIC AEROSOL SAMPLING ARTIFACTS USING IMPACTORS AND QUARTZ FIBER FILTER DENUDERS

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

All USA

13. PROPOSED PROJECT:

Start Date	Ending Date
10/1/03	9/30/05

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant
CA 44

b. Project

CA 44

16. ESTIMATED FUNDING:

a. Federal	\$187,030
b. Applicant	\$
c. State	\$
d. Local	\$
e. Other	\$
f. Program Income	\$
g. TOTAL	\$187,030

18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 1/30/03

b. NO. PROGRAM IS NOT COVERED BY E.O. 12372

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes," attach an explanation.

No

19. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative

Linda L. Bryant
Principal Contract & Grant Analyst

c. Telephone number
(909) 787-5535

d. Signature of Authorized Representative

e. Date Signed

1/29/03

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Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

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PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction	
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 01/24/03		3. DATE RECEIVED BY STATE:	
2b. APPLICATION ID: 03SR027639		4. DATE RECEIVED: 01/24/03	
5. APPLICATION INFORMATION		STATE APPLICATION IDENTIFIER:	
LEGAL NAME: Lifespan Services Network, Inc.		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: George R. Gruner TELEPHONE NUMBER: (805) 544-8740 FAX NUMBER: (805) 544-9146 INTERNET E-MAIL ADDRESS:	
ADDRESS (give street address, city, state and zip code): 1428 Phillips Lane, Ste B-1 San Luis Obispo CA 93401		7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community-Based Organization Volunteer Management Organization	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 770085673		<div style="border: 2px solid black; padding: 10px; transform: rotate(-5deg); display: inline-block;"> RECEIVED JAN 31 2003 STATE CLEARING HOUSE </div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration			
9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service			
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002 10b. TITLE: Retired and Senior Volunteer Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Lifespan RSVP of the Central Coast	
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): San Luis Obispo County, northern Santa Barbara County		13. PROPOSED PROJECT: START DATE: 04/01/03 END DATE: 03/31/06	
15. ESTIMATED FUNDING:		14. PERFORMANCE PERIOD: START DATE: END DATE:	
a. FEDERAL \$ 107,826.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 15-JAN-03	
b. APPLICANT \$ 64,264.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
c. STATE \$ 0.00			
d. LOCAL \$ 60,264.00			
e. OTHER \$ 4,000.00			
f. PROGRAM INCOME \$ 0.00		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. TOTAL \$ 172,090.00			
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Evan Mendelson		b. TITLE: Executive Director	
		c. TELEPHONE NUMBER: 805-782-0844	
		d. DATE: 01/24/03	

Standard Form 424

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

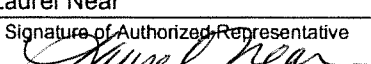
1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Antelope Valley Transit Authority		Organizational Unit:	
Address (give city, county, State, and zip code): 1031 West Ave. L-12 Lancaster, CA 93534		Name and telephone number of person to be contacted on matters involving this application (give area code): Ron Cunningham 661-726-2616 Ext. 209	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4377119		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Federal Transit--Capital Program Grant and Loans		9. NAME OF FEDERAL AGENCY: U.S. Department of Transportation Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Antelope Valley portion of northern Los Angeles County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction and equipping of new Maintenance and Operations facility	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7-1-2001	Ending Date 6-30-2004	a. Applicant 25	b. Project 25
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 495,065.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$.00	DATE _____	
c. State	\$.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ 123,766.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
g. TOTAL	\$ 618,831.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative William Budlong	b. Title Executive Director	c. Telephone Number 661-726-2616 Ext 203	
d. Signature of Authorized Representative <i>William Budlong</i>	e. Date Signed 1/30/03		

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED Jan. 29, 2003		Applicant Identifier																					
		3. DATE RECEIVED BY STATE		State Application Identifier																					
				4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier																			
5. APPLICANT INFORMATION Legal Name: The Metropolitan Water District of Southern California Address (give city, county, State, and zip code): P.O. Box 54153 Los Angeles, CA 90054-0153						Organizational Unit: Water System Operations/ Water Quality Name and telephone number of person to be contacted on matters involving this application (give area code): Dr. Sun Liang-(909)392-5273-Project Mgr Lynn Kelemen-(909)392-5396-Admin. Matters																			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6002071						7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; height: 20px; line-height: 20px; margin: 0 auto;">G</div>																			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____						9. NAME OF FEDERAL AGENCY: Environmental Protection Agency																			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Surveys, Studies Investigations, 66-606 and Special Purpose Grants TITLE:						11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: "Desalination Research and Innovation Partnership" - EPA III																			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California						<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JAN 30 2003 </div>																			
13. PROPOSED PROJECT Start Date: TBD Ending Date: TBD																									
14. CONGRESSIONAL DISTRICTS OF: David Dreier, 28th Congressional District, CA						15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$ 470,500</td> </tr> <tr> <td>b. Applicant</td> <td>\$ 230,765</td> </tr> <tr> <td>c. State</td> <td>\$</td> </tr> <tr> <td>d. Local</td> <td>\$</td> </tr> <tr> <td>e. Other</td> <td>\$ 165,201</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 866,466</td> </tr> </table>						a. Federal	\$ 470,500	b. Applicant	\$ 230,765	c. State	\$	d. Local	\$	e. Other	\$ 165,201	f. Program Income	\$	g. TOTAL	\$ 866,466
a. Federal	\$ 470,500																								
b. Applicant	\$ 230,765																								
c. State	\$																								
d. Local	\$																								
e. Other	\$ 165,201																								
f. Program Income	\$																								
g. TOTAL	\$ 866,466																								
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE Mailed 1/29/2003 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW						17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																									
a. Type Name of Authorized Representative Mic Stewart, Ph.D.						b. Title Water Quality Section Manager			c. Telephone Number (213) 217-5696																
d. Signature of Authorized Representative 						e. Date Signed 1/27/03			f. Signature of Representative 																

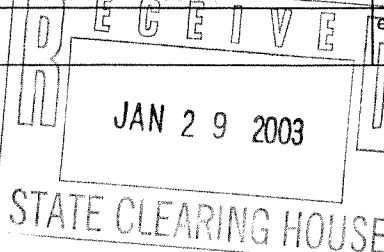
APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Preapplication Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED December 20, 2002	Applicant Identifier 68-0379044
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: Near & Arnold's School of Performing Arts & Cultural Ed		Organizational Unit:																					
Address (give city, county, State, and zip code): 145 East Church Street Ukiah, CA 95482		Name and telephone number of person to be contacted on matters involving this application (give area code) Mary Rowland, Bookkeeper (707)485-8385																					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68 — 0379044		7. TYPE OF APPLICANT: (enter appropriate letter in box) N A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) <u>Non-Profit Org</u>																					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: U.S. Department of Agriculture Rural Development																					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 — 766 TITLE: Community Facilities Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Purchase Existing Facility at 145 East Church Street, Ukiah, CA.																					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Ukiah																							
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:																					
Start Date 3/1/03	Ending Date 6/30/03	a. Applicant CA - 1st DIST (St Helena)																					
15. ESTIMATED FUNDING:		b. Project CA - 1st DIST (St Helena)																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>350,000⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>⁰⁰</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>⁰⁰</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>⁰⁰</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>⁰⁰</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>350,000⁰⁰</td> </tr> </table>		a. Federal	\$	350,000 ⁰⁰	b. Applicant	\$	⁰⁰	c. State	\$	⁰⁰	d. Local	\$	⁰⁰	e. Other	\$	⁰⁰	f. Program Income	\$	⁰⁰	g. TOTAL	\$	350,000 ⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>12/20/02</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	350,000 ⁰⁰																					
b. Applicant	\$	⁰⁰																					
c. State	\$	⁰⁰																					
d. Local	\$	⁰⁰																					
e. Other	\$	⁰⁰																					
f. Program Income	\$	⁰⁰																					
g. TOTAL	\$	350,000 ⁰⁰																					
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																							
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																							
a. Type Name of Authorized Representative Laurel Near		b. Title (Co) Executive Director																					
c. Telephone Number (707) 462-9370		d. Signature of Authorized Representative 																					
e. Date Signed 1/27/03																							


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APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED January 29, 2003		Applicant Identifier	
3. DATE RECEIVED BY STATE		State Applicant Identifier			
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			
5. APPLICANT INFORMATION IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, LIST ACRONYM(S)					
Legal Name: Regents of the University of California			Organizational Unit: Center for Health and the Environment		
Address (give city, county, state, and zip code): Office of the Vice Chancellor for Research University of California, Davis Sponsored Programs, 118 Everson Hall One Shields Avenue, Davis, CA 956126			Name and telephone and E-mail number of the person to be contacted on matters involving this application (give area code) PI: Dr. Swee J. Teh, Researcher; (530) 754-8183; stjeh@ucdavis.edu ADMIN. CONTACT:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 3 6 4 9 4			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____			9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency - ORD - NCER		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 - 5 0 9 TITLE: 2003-STAR - B1			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Using a Sensitive Japanese Medaka (<i>Oryzias latipes</i>) Fish Model for Endocrine Disruptors Screening		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Global					
13. PROPOSED PROJECT: Start Date: 10/1/03 Ending Date: 9/30/06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: California - 1st District b. Project: California - 1st District			
15. ESTIMATED TOTAL PROJECT FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 148,905 .00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 1/28/03			
b. Applicant	\$.00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372			
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local	\$.00				
e. Other	\$.00				
f. Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$ 148,905 .00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN ONLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative		b. Title: Rene H. Domino Contracts and Grants Analyst		c. Telephone number: (530) 752-2075	
d. Signature of Authorized Representative: 		e. Date Signed: JAN 24 2003			

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Standard Form 424 (REV 4-88)

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED December 16, 2002	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: <u>West Almanor Community Services District</u> Address (give city, county, State, and zip code): <u>947 Long Iron Drive</u> <u>Chester, Plumas County, CA 96020</u>		Organizational Unit: <u>Fire Department</u> Name and telephone number of person to be contacted on matters involving this application (give area code): <u>Chief Mark Reno (530) 259-5112</u>
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6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 94-6000528 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; margin-top: -20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">G</div> </div>
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-between;"> <div> A. Increase Award D. Decrease Duration </div> <div> B. Decrease Award Other (specify): _____ </div> <div> C. Increase Duration </div> </div>	9. NAME OF FEDERAL AGENCY: <u>USDA Rural Development</u>
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10-766 </div> TITLE: <u>Rural Development/Fire & Rescue Loan</u>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>USDA Rural Development Fire & Rescue Loan to assist in the purchase and replacement for an Initial Attack/Rescue Fire Apparatus for West Almanor CSD</u>
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>West Shore Lake Almanor, Chester, Plumas</u>	
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13. PROPOSED PROJECT Start Date: <u>2/1/03</u> Ending Date: <u>2/1/13</u>	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: <u>District 4</u> b. Project: <u>District 4</u>
---	--

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 193,722.00	
b. Applicant	\$ 50,000.00	
c. State	\$.00	
d. Local	\$.00	
e. Other	\$.00	
f. Program Income	\$.00	
g. TOTAL	\$ 243,722.00	

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
--	--	--

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative <u>Mark Reno</u>	b. Title <u>Chief</u>	c. Telephone Number <u>(530) 259-5112</u>
d. Signature of Authorized Representative 		e. Date Signed <u>1/3/03</u>

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier JAN 27 2003	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Maxwell Public Utility District			Organizational Unit: Maxwell Public Utility District		
Address (give city, county, State, and zip code): P.O. Box 294 Maxwell, Colusa, Ca. 95955			Name and telephone number of person to be contacted on matters involving this application (give area code): Richard Warren (530)438-2505		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000890			7. TYPE OF APPLICANT: (enter appropriate letter in box) G		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE: Wastewater			9. NAME OF FEDERAL AGENCY: USDA Rural Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Maxwell, Calif. County of Colusa			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Wastewater Treatment Improvements		
13. PROPOSED PROJECT Wastewater treatment Start Date: 3/2004 Ending Date: 4/2007		14. CONGRESSIONAL DISTRICTS OF: #2 a. Applicant Maxwell Public Utility District.			
15. ESTIMATED FUNDING:		b. Project Wastewater Treatment Improvements			
a. Federal	\$ 153,128	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
b. Applicant	\$ 846,872	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE			
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
e. Other	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
f. Program Income	\$				
g. TOTAL	\$ 1.9 million				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Dan Danley		b. Title Board Member		c. Telephone Number (530)438-2505	
d. Signature of Authorized Representative Dan Danley				e. Date Signed 1/27/03	

Grants to Encourage Arrest Policies and Enforcement of Protection Orders Program

Page 1 of 2

Grants to Encourage Arrest Policies and Enforcement of
Protection Orders Program 2003-X0738-CA-WE
[Application](#) [Award](#) [Reporting](#) [Payments](#) [Correspondence](#)

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Information](#)[Project Information](#)[Budget and
Program
Attachments](#)[Assurances and
Certifications](#)[Review SF-424](#)[Submit Application](#)[Help/Frequently
Asked Questions](#)[GMS Home](#)[Log Off](#)

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBMITTED January 27, 2003	Applicant Identifier	
	1. TYPE OF SUBMISSION Application Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name City of San Diego		Organizational Unit City	
Address 202 C Street San Diego, California 92101-3860		Name and telephone number of the person to be contacted on matters involving this application Strack, Gael (619) 533-6010	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 95-6000776		7. TYPE OF APPLICANT	
8. TYPE OF APPLICATION New		9. NAME OF FEDERAL AGENCY Violence Against Women Office	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 16.590 CFDA TITLE: GRANTS TO ENCOURAGE ARREST POLICIES		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT "Grant to Encourage Arrest Policies" Office of Justice Programs Violence Against Women Office	
12. AREAS AFFECTED BY PROJECT City of San Diego			
13. PROPOSED PROJECT Start Date: July 01, 2003 End Date: June 30, 2005		14. CONGRESSIONAL DISTRICTS OF a. Applicant b. Project CA49 CA50	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
Federal	\$500,000		
Applicant	\$0		

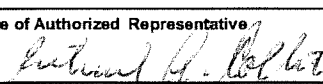
Grants to Encourage Arrest Policies and Enforcement of Protection Orders Program

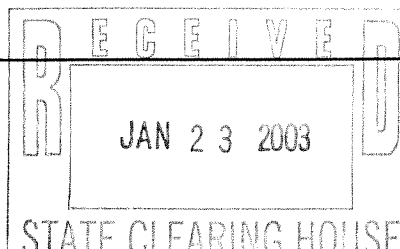
Page 2 of 2

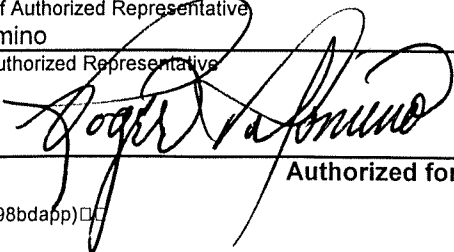
State	\$0	This preapplication/application was made available to the state executive order 12372 process for review on
Local	\$0	
Other	\$0	
Program Income	\$0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
TOTAL	\$500,000	
N		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.		

Continue

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 01/21/2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: YMCA of San Diego County		Organizational Unit: YMCA Youth & Family Services	
Address (give city, county, state, and zip code): 4715 Viewridge Avenue, Suite 100 San Diego CA 92123		Name and telephone number of the person to be contacted on matters involving this application (give area code) Laura A. Mustari (619) 543-9580	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2039198		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): <u>Non-Profit Organization</u>	
		9. NAME OF FEDERAL AGENCY: SAMHSA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 03-005 TITLE: YVPG, Group III: Services for Justice Involved Youth		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Girls YMCA Reading & Literacy Service (GYRLS) Violence Prevention Partnership with the San Diego Coalition to Prevent Youth Violence	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): San Diego County, California			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 07/01/2003	Ending Date 06/30/2005	a. Applicant 49	b. Project 48, 49, 50, 51, 52
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 200,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 01/21/2003	
b. Applicant	\$ 0.00	b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW	
c. State	\$ 0.00		
d. Local	\$ 330,000.00		
e. Other	\$ 26,599.00		
f. Program Income	\$ 0.00	17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 556,599.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Richard A. Collato		b. Title President & CEO	c. Telephone number (858) 292-4034
d. Signature of Authorized Representative 		e. Date Signed 01/21/2003	

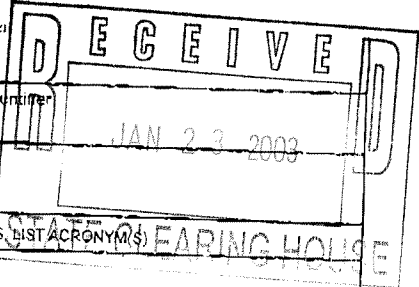


APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED January 21, 2003		Applicant Identifier	
1. TYPE OF SUBMISSION Application Preapplication <input type="checkbox"/> <input type="checkbox"/> Construction <input type="checkbox"/> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> <input type="checkbox"/> Non-Construction <input type="checkbox"/> <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Fresno County Economic Opportunities Commission			Organizational Unit Same		
Address (give city, county, state, and zip code) 1920 Mariposa Mall - Suite 300 Fresno, CA 93721			Name and telephone number of the person to be contacted on matters involving this application (give area code) Lucianna Ventresca, Sanctuary Director Phone - (559) 498-8543 - ext. 110 Fax - (559) 498-8519		
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 94 - 1606519			7. TYPE OF APPLICATION: (enter appropriate letter in box) N <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 48%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Private non-profit </div> </div>		
8. TYPE OF APPLICATION: X New Continuation Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			9. NAME OF FEDERAL AGENCY: SAMHSA - CMHS		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: SM - 03-005 Title: GROUP 1: GENERAL VIOLENCE PREVENTION			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sanctuary Youth Project - Youth Development Program		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Fresno County and City			<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JAN 23 2003 </div> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-top: 10px;"> STATE CLEARING HOUSE </div>		
13. PROPOSED PROJECT: Start Date Ending Date					
14. CONGRESSIONAL DISTRICTS OF: a. Applicant 18,19,20,21			b. Project 18,19,20,21		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal 150,000			a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: 21-Jan-03 b. NO PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
b. Applicant 0					
c. State 0					
d. Local 0					
e. Other 15,000					
f. Program Income 0			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL \$165,000			If "Yes" attach an explanation No X		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Roger Palomino			b. Title EOC Executive Director		c. Telephone number (559) 263-1010
d. Signature of Authorized Representative 					e. Date Signed

Authorized for Local Reproduction

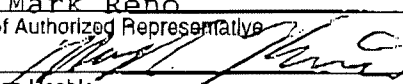
APPLICATION FOR
FEDERAL ASSISTANCEDATE SUBMITTED
1/28/03

Applicant Identifier



1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Applicant Identifier
5. APPLICANT INFORMATION Legal Name: The Regents of the University of California		IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, LIST ACRONYM(S)		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier	
Address (give city, county, state, and zip code): C/o Office of Research University of California Santa Barbara, CA 93106-2050		Organizational Unit: Office of Research		Name and telephone and E-mail number of the person to be contacted on matters involving this application (give area code) PI: Ira Leifer (805)893-4927 Email: ira.leifer@bubbleology.com ADMIN. CONTACT: Jill L. Boltz (805)893-8809 Email: boltz@omni.ucsb.edu	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 6 0 0 6 1 4 5		7. TYPE OF APPLICANT: (enter appropriate letter in box) 1			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 . 5 0 0 TITLE: 2003-STAR - C1		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency - ORD - NCER			
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Santa Barbara County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Harmful Algal Blooms and the Bubble-mediated Impact: Aerosolisation, Aggregation, and Sequestration (HABBI - AAS)			
13. PROPOSED PROJECT: Start Date: 9/1/03 Ending Date: 8/31/06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 23rd b. Project: 23rd			
15. ESTIMATED TOTAL PROJECT FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal \$ 695,297.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 695,297.00		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 1/23/03 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Jill L. Boltz		b. Title Sponsored Projects Officer		c. Telephone number (805)893-8809	
d. Signature of Authorized Representative				e. Date Signed	

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED December 16, 2002	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY 17 JAN 2003		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: West Almanor Community Services District		Organizational Unit: Fire Department	
Address (give city, county, State, and zip code): 947 Long Iron Drive Chester, Plumas County, CA 96020		Name and telephone number of person to be contacted on matters involving this application (give area code): Chief Mark Reno (530) 259-5112	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000528		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; height: 20px; line-height: 20px; margin: 0 auto;">G</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE: Rural Development/Fire & Rescue Loan		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: USDA Rural Development Fire & Rescue Loan to assist in the purchase and replacement for an Initial Attack/Rescue Fire Apparatus for West Almanor CSD	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): West Shore Lake Almanor, Chester, Plumas			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 2/1/03	Ending Date 2/1/13	a. Applicant District 4	
15. ESTIMATED FUNDING:		b. Project District 4	
a. Federal	\$	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
b. Applicant	\$	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
c. State	\$	DATE _____	
d. Local	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
e. Other	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Mark Reno		b. Title Chief	c. Telephone Number (530) 259-5112
d. Signature of Authorized Representative 		e. Date Signed 1/3/03	

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0346-0043

1. TYPE OF SUBMISSION:

☐ Application☐ Pre-application☐ Construction☐ Construction☒ Non-Construction☐ Non-Construction

2. DATE SUBMITTED

January 9, 2003

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

F-50-R

Amendment #18

5. APPLICANT INFORMATION

Legal Name:

STATE OF CALIFORNIA

Organizational Unit:

Department of Fish and Game

Address (give city, county, state and zip code):

Dept. of Fish & Game - Fisheries Programs Branch
1812 Ninth Street
Sacramento, CA 95814

Name and telephone number of the person to be contacted on matters involving this application (give area code):
Carolyn Murata (916) 445-3559

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-1697567

7. TYPE OF APPLICANT: (enter appropriate letter, A):

A. State

H. Independent School Dist.

B. County

I. State Controlled Institution
of Higher Learning

C. Municipal

J. Private University

D. Township

L. Individual

E. Interstate

M. Profit Organization

F. Intermunicipal

N. Other (Specify)

G. Special District

8. TYPE OF APPLICATION:

☐ New☒ Continuation☒ Revision

If Revision, enter appropriate letter(s) in box(es):

☒ E

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

E. Other (specify): Changes in costs and Project Statements

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

15-605

TITLE:

Sport Fish Restoration Act

9. NAME OF FEDERAL AGENCY:

U.S. Department of the Interior
U.S. Fish and Wildlife Service

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Statewide

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Marine Sport Fish Management and Research.
Amendment #18 revises the previous 5-year plan.

New Project Statements are attached.

13. PROPOSED PROJECT:

Start Date

07/01/02

Ending Date

06/30/07

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

3

b. Project

Statewide (99)

15. ESTIMATED FUNDING:

a. Federal

\$9,089,625

b. Applicant

c. State

\$3,029,875

d. Local

e. Other

f. Program Income

g. TOTAL

\$12,119,500

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE
STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

Date:

Jan. 21, 2003

b. NO, PROGRAM IS NOT COVERED BY E.O. 12372

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes", attach an explanation

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY
AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative

Michael F. Harris

b. Title:

Deputy Director, Admin.

c. Telephone Number

(916) 653-4633

d. Signature of Authorized Representative

e. Date Signed

1/14/03

Approved for the Secretary of the Interior

Title:

Date

Signature

Previous Editions Not Usable

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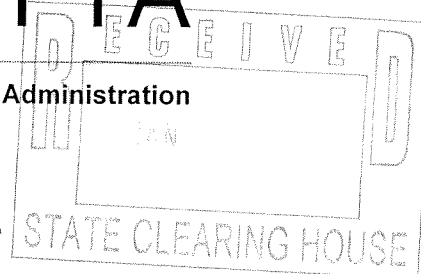
Standard Form 424 (REV 4-89)

Prescribed by OMB Circular A-102

DOT**FTA**

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	1644
Recipient Name:	CITY OF LOS ANGELES
Project ID:	CA-90-Y169
Budget Number:	1 - Budget Pending Approval
Project Information:	Acquisition of 53 Paratransit Vehic

Part 1: Recipient Information

Project Number:	CA-90-Y169
Recipient ID:	1644
Recipient Name:	CITY OF LOS ANGELES
Address:	221 N. Figueroa Street SUITE 400, LOS ANGELES, CA 90012 0000
Telephone:	() 580-5414
Facsimile:	() 580-5458

Union Information

Recipient ID:	1644
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	1308 W. 8th Street
Address 2:	Suite 400
City:	Los Angeles, CA 90017 0000
Contact Name:	Dave Hepburn
Telephone:	
Facsimile:	

Recipient ID:	1644
Union Name:	INTERNATIONAL BROTHERHOOD OF TEAMSTERS
Address 1:	25 Louisiana Avenue. N.W.
Address 2:	
City:	Washington, DC 20001 0000
Contact Name:	James Hoffa

Telephone:	
Facsimile:	

Recipient ID:	1644
Union Name:	TRANSPORTATION-COMMUNICATIONS INTERNATIONAL UNION
Address 1:	3 Research Place
Address 2:	
City:	Rockville, MD 20850 0000
Contact Name:	Robert Scardelletti
Telephone:	
Facsimile:	

Recipient ID:	1644
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	14600 Detroit Avenue
Address 2:	
City:	Cleveland, OH 44107 0000
Contact Name:	Bernie McNelis
Telephone:	
Facsimile:	

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$4,030,000
Project Number:	CA-90-Y169	Adjustment Amt:	\$0
Project Description:	Acquisition of 53 Paratransit Vehic	Total Eligible Cost:	\$4,030,000
Recipient Type:	City	Total FTA Amt:	\$3,568,000
FTA Project Mgr:	Ray Tellis 213.202.3956	Total State Amt:	\$0
Recipient Contact:	Chuck Hammerstein 213.580.5414	Total Local Amt:	\$462,000
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	None Specified	Special Condition:	None Specified
Sec. of Statute:	149	S.C. Tgt. Date:	None Specified
State Appl. ID:	FTACML-5006 (348)	S.C. Eff. Date:	None Specified
Start/End Date:	Jan. 15, 2003 - Dec. 30, 2003	Est. Oblig Date:	28-Apr-2003
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES		
		Fed. Debt	

Review Date:	Jan. 16, 2003	Authority?:	No
Planning Grant?:	NO	Final Budget?:	Yes
Program Date (STIP/UPWP/FTA Prm Plan) :	Jan. 11, 2002		
Program Page:			
Application Type:	Electronic		
Supp. Agreement?:	No		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	22	William M Thomas
6	24	Elton Gallegly
6	25	Howard P McKeon
6	26	David Dreier
6	27	Brad Sherman
6	29	Adam B Schiff
6	30	Henry A Waxman
6	32	Hilda L Solis
6	35	Maxine Waters
6	36	Jane Harman
6	37	Juanita Millender-McDon
6	38	Grace F Napolitano

Project Details

The City of Los Angeles Department of Transportation (LADOT) is requesting the transfer of \$3,568,000 in Congestion Mitigation and Air Quality (CMAQ) funds from the Federal Highway Administration (FHWA) to the Federal Transit Administration (FTA). These funds will be requested as part of our FTA grant number CA-90-Y169 to support the acquisition of paratransit vehicles for LADOT.

The funds are included in the 2001 Federal Transportation Improvement Program (FTIP) (Amendment 1) approved on January 11, 2002. Ammendment date 11/4/02.

Paratransit ultra-low-emissions (ULEV) vehicles are being ordered to replace less clean-burning diesel. Vehicles will be used as dial-a-ride vehicles in regular service for the City of Los Angeles' transportation program for seniors and disabled individuals, called Cityride.

DOT



FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

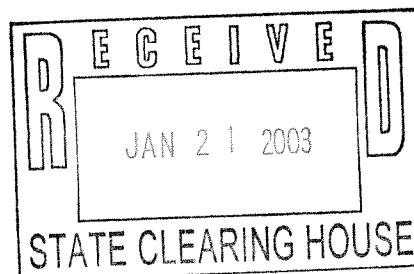
Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Project ID:	CA-70-0001-00
Budget Number:	1 - Budget Approved
Project Information:	Pomona-Montclair Double Track

Part 1: Recipient Information

Project Number:	CA-70-0001-00
Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Address:	700 South Flower Street 26th Floor, Los Angeles, CA 90017 4101
Telephone:	(213) 452-0209
Facsimile:	(213) 452-0421

Union Information

Recipient ID:	5802
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave
Address 2:	NW
City:	Washington, DC 20016 4139
Contact Name:	Leo Wetzel
Telephone:	
Facsimile:	(202) 244-7824



Recipient ID:	5802
Union Name:	ASSOCIATION OF LOS ANGELES DEPUTY SHERIFFS
Address 1:	828 W. Washington Blvd
Address 2:	
City:	Los Angeles, CA 90015 3310
Contact Name:	Doug McLellan

Telephone:	
Facsimile:	(213) 738-0857

Recipient ID:	5802
Union Name:	NORWALK CITY EMPLOYEES' ASSOCIATION
Address 1:	319 West Broadway
Address 2:	
City:	Long Beach, CA 90806 0000
Contact Name:	Ray Mathews
Telephone:	
Facsimile:	(562) 435-3886

Recipient ID:	5802
Union Name:	PROFESSIONAL PEACE OFFICERS' ASSOCIATION
Address 1:	100 Corporate Center Drive
Address 2:	
City:	Monterey Park, CA 91754 0000
Contact Name:	Sharon Lawin
Telephone:	
Facsimile:	(323) 261-1580

Recipient ID:	5802
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	1308 West 8th Street
Address 2:	Suite 400
City:	Los Angeles, CA 90017 0000
Contact Name:	Ted Hunt
Telephone:	
Facsimile:	(213) 251-4577

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$375,000
Project Number:	CA-70-0001-00	Adjustment Amt:	\$0
Project Description:	Pomona-Montclair Double Track	Total Eligible Cost:	\$375,000
Recipient Type:	Transit Authority	Total FTA Amt:	\$300,000
FTA Project Mgr:	Ray Tellis	Total State Amt:	\$75,000
Recipient Contact:	Joanna Capelle	Total Local Amt:	\$0
New/Amendment:	None Specified	Other Federal Amt:	\$0

Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20507	Special Condition:	None Specified
Sec. of Statute:	5207	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	-	Est. Oblig Date:	10-Jan-2003
Recvd. By State:	Oct. 10, 2002	Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	Apr. 29, 2002	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Jun. 07, 2002		
Program Page:	SBD991213		
Application Type:	Electronic		
Supp. Agreement?:	No		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA
60420	RIVERSIDE--SAN BERNARDINO, CA

Congressional Districts

State ID	District Code	District Official
6	23	Elton Gallegly
6	24	Brad J Sherman
6	25	Howard P McKeon
6	26	Howard L Berman
6	27	Adam Schiff
6	28	David Dreier
6	29	Henry A Waxman
6	30	Xavier Becerra
6	31	Hilda L Solis
6	33	Lucille Roybal-Allard
6	34	Grace F Napolitano
6	38	Steve Horn

DOT



FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

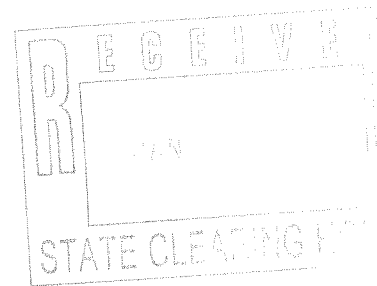
Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Project ID:	CA-40-X012-00
Budget Number:	1 - Budget Approved
Project Information:	Emergency Preparedness Drills

Part 1: Recipient Information

Project Number:	CA-40-X012-00
Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Address:	700 South Flower Street 26th Floor, Los Angeles, CA 90017 4101
Telephone:	(213) 452-0209
Facsimile:	(213) 452-0421

Union Information

Recipient ID:	5802
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave
Address 2:	NW
City:	Washington, DC 20016 4139
Contact Name:	Leo Wetzel
Telephone:	
Facsimile:	(202) 244-7824



Recipient ID:	5802
Union Name:	ASSOCIATION OF LOS ANGELES DEPUTY SHERIFFS
Address 1:	828 W. Washington Blvd
Address 2:	
City:	Los Angeles, CA 90015 3310
Contact Name:	Doug McLellan

Telephone:	
Facsimile:	(213) 738-0857

Recipient ID:	5802
Union Name:	NORWALK CITY EMPLOYEES' ASSOCIATION
Address 1:	319 West Broadway
Address 2:	
City:	Long Beach, CA 90806 0000
Contact Name:	Ray Mathews
Telephone:	
Facsimile:	(562) 435-3886

Recipient ID:	5802
Union Name:	PROFESSIONAL PEACE OFFICERS' ASSOCIATION
Address 1:	100 Corporate Center Drive
Address 2:	
City:	Monterey Park, CA 91754 0000
Contact Name:	Sharon Lawin
Telephone:	
Facsimile:	(323) 261-1580

Recipient ID:	5802
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	1308 West 8th Street
Address 2:	Suite 400
City:	Los Angeles, CA 90017 0000
Contact Name:	Ted Hunt
Telephone:	
Facsimile:	(213) 251-4577

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$50,000
Project Number:	CA-40-X012-00	Adjustment Amt:	\$0
Project Description:	Emergency Preparedness Drills	Total Eligible Cost:	\$50,000
Recipient Type:	Transit Authority	Total FTA Amt:	\$50,000
FTA Project Mgr:	Ray Tellis	Total State Amt:	\$0
Recipient Contact:	Joanna Capelle	Total Local Amt:	\$0
New/Amendment:	None Specified	Other Federal Amt:	\$0

Amend Reason:	None Specified	Special Cond Amt:	\$0
Fed Dom Asst. #:	None Specified	Special Condition:	None Specified
Sec. of Statute:	.	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Jul. 30, 2002 - Oct. 30, 2003	Est. Oblig Date:	30-Aug-2002
Recvd. By State:	Jul. 08, 2002	Pre-Award Authority?:	Yes
EO 12372 Rev:	Not Applicable	Fed. Debt Authority?:	No
Review Date:	None Specified	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Apr. 03, 2002		
Program Page:	.		
Application Type:	Electronic		
Supp. Agreement?:	No		
Debt. Delinq. Details:			

Urbanized Areas

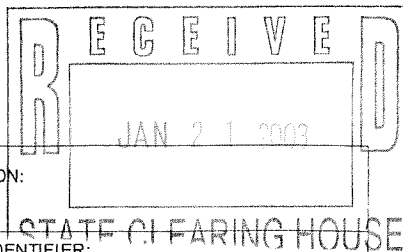
UZA ID	UZA Name
60000	CALIFORNIA

Congressional Districts

State ID	District Code	District Official
6	23	Elton Gallegly
6	24	Brad J Sherman
6	25	Howard P McKeon
6	26	Howard L Berman
6	27	Adam Schiff
6	28	David Dreier
6	29	Henry A Waxman
6	30	Xavier Becerra
6	31	Hilda L Solis
6	33	Lucille Roybal-Allard
6	34	Grace F Napolitano
6	38	Steve Horn
6	39	Edward Royce
6	40	Jerry Lewis

DRAFT

PART I - FACE SHEET



APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:

Non-Construction

STATE APPLICATION IDENTIFIER:

2a. DATE SUBMITTED TO CORPORATION
FOR NATIONAL AND COMMUNITY
SERVICE (CNCS):

3. DATE RECEIVED BY STATE:

2b. APPLICATION ID:

03SR029345

4. DATE RECEIVED:

GRANT NUMBER:

5. APPLICATION INFORMATION

LEGAL NAME: VNA & HOSPICE OF SOUTHERN CA

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER
PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give
area codes):

NAME: Patricia A. Henny

TELEPHONE NUMBER: (909) 482-0355

FAX NUMBER: (909) 624-1294

INTERNET E-MAIL ADDRESS: phenny@vnasocal.org

ADDRESS (give street address, city, state and zip code):

150 W First St
Suite 270
Claremont CA 91711 - 0908

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

951733155

7. TYPE OF APPLICANT:

7a. Non-Profit

7b. Community-Based Organization

8. TYPE OF APPLICATION:

☒ NEW☐ CONTINUATION☐ REVISION

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002

10b. TITLE: Retired and Senior Volunteer Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

RSVP WEST VALLEY-SAN BERNARDINO CO

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):

Cities of Chino, Chino Hills, Colton, Fontana, Grand Terrace, Montclair, Ontario, Rancho
Cucamonga, Rialto, Upland. Un-incorporated areas: Bloomington, Etiwanda, Mira Loma ar

13. PROPOSED PROJECT: START DATE: 04/01/03 END DATE: 03/31/06

14. PERFORMANCE PERIOD: START DATE: END DATE:

15. ESTIMATED FUNDING:

a. FEDERAL	\$ 64,641.00
b. APPLICANT	\$ 76,261.00
c. STATE	\$ 15,000.00
d. LOCAL	\$ 1,000.00
e. OTHER	\$ 30,261.00
f. PROGRAM INCOME	\$ 30,000.00
g. TOTAL	\$ 140,902.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
ORDER 12372 PROCESS?☒ YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE
TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR
REVIEW ON:
DATE: 16-JAN-03

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES if "Yes," attach an explanation. ☒ NO18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN
DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE
IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Marsha Fox

b. TITLE:

President VNA & Hospice of Southern CA

c. TELEPHONE NUMBER:

(909) 624-3574

d. DATE:

1-15-03



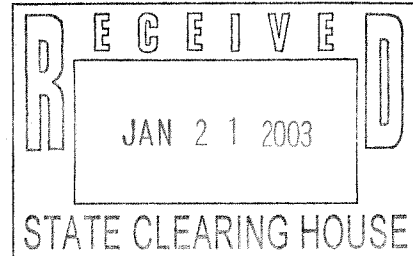
NATIONAL INDIAN JUSTICE CENTER

5250 Aero Drive
Santa Rosa, California 95403
A non-profit corporation

Phone: (707) 579-5507
Fax: (707) 579-9019
E-mail: nijc@aol.com

Joseph A. Myers, Executive Director

January 21, 2003



Grants Coordination, State Clearinghouse
Governor's Office of Planning and Research
P.O. Box 3044, Room 222
Sacramento, CA 95812
FAX: (916) 323-3018

VIA FACSIMILE

Re: Single State Agency Coordination

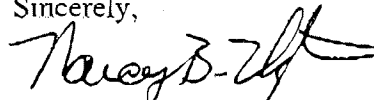
To whom it may concern:

Enclosed is a copy of the Standard 424 Form and project abstract submitted by the National Indian Justice Center to the Substance Abuse and Mental Health Services Administration (SAMHSA). If you wish to comment on the proposal, your comments should be sent not later than 60 days after January 22, 2003, to the following address:

Division of Extramural Activities, Policy and Review
Substance Abuse and Mental Health Services Administration
Parklawn Building, Room 17-89
5600 Fishers Lane
Rockville, MD 20857
Attn: SSA - GFA No. SM-03-005

Thank you for your assistance. If you have any questions, please feel free to call.

Sincerely,


Nancy B. Thorington

Encl.

cc: SAMHSA

BOARD OF DIRECTORS

Judge William Thorne
President
Pomo

Judge William Johnson
Vice President
Umatilla

Chief Judge
Jan Morris
Choctaw

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Hopi

Justice Retired
Elfridge Coocishie
Hopi

Chief Judge
Lola Schapp
Warm Springs/Wasco

Professor
Larry Echshaw
Pawnee

Administrator
Anita Jackson
Wasco

Chief Judge
William Rhodes
Pima

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION

Application

Preapplication

☐ Construction
☒ Non-Construction☐ Construction
☐ Non-Construction

2. DATE SUBMITTED 9/24/02

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name: County of Humboldt

Organizational Unit: Community Development Services, Economic Division

Address (give city, county, state, and zip code):

520 E Street, Eureka, CA 95501

Name and telephone number of the person to be contacted on matters involving this application (give area code)

Paula Mushrush, (707) 445-7746

6. EMPLOYER IDENTIFICATION (EIN): 94-6000513

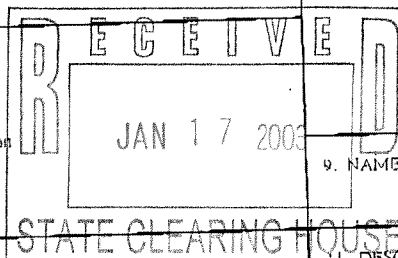
7.

TYPE OF APPLICANT: (enter appropriate letter here) B

- A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
- H. Independent School District
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify):

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es): ☐ ☐
A. Increase Award B. Decrease Award
C. Increase Duration D. Decrease Duration
Other Specify:



9. NAME OF FEDERAL AGENCY:

Economic Development Administration

10. CATALOG OF FEDERAL

DOMESTIC ASSISTANCE NUMBER: 11.307

TITLE: Economic Adjustment

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Wastewater Facility Plan, Community Action Plan Update, Application for Funding for the Community of Orick, Income Survey for community of Orick.

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Humboldt County, California

13. PROPOSED PROJECT:

Start Date

End Date

01/01/03

12/31/04

14. CONGRESSIONAL DISTRICT OF:

a. Applicant:

#1

b. Project

#1

15. Estimated Funding:

a. Federal	\$ 41,000.00
b. Applicant	\$ 10,000.00
c. State	\$ 20,000.00
d. Local	\$
e. Other	\$ 11,000.00
f. Program Income	\$
g. TOTAL	\$ 82,000

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:

DATE 9-23-2002

b.

NO,
☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation.☒ No

18.

TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative: Kirk Girard

b. Title: Community Development Services Director

c. Telephone Number (707) 268-3735

d. Signature of Authorized Representative

e. Date Signed

9/23/02

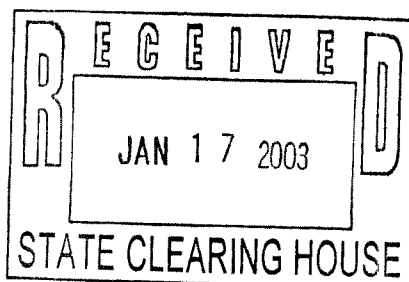
APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 1/22/03		Applicant Identifier	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: State of California			Organizational Unit: Dept. of HCD, Div. of C/A (CIAP)		
Address (give city, county, State, and zip code): 1800 3rd Street, Room 390 Sacramento, CA 95814 Sacramento Co.			Name and telephone number of person to be contacted on matters involving this application (give area code) (916) 327-3633 Ben Delaney, Program Manager		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303547			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> A		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: ED support for Planning Organizations TITLE: 11-305			9. NAME OF FEDERAL AGENCY: U.S. Dept. of Commerce Economic Development Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Indian reservations in California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Economic Development planning to Indian tribes in the State of California		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 1/1/03	Ending Date 12/31/03	a. Applicant			
		b. Project Multi-District			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 100,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 1/17/03			
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$ 45,000.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
e. Other	\$.00				
f. Program Income	\$.00				
g. TOTAL	\$ 145,000.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Julie Bornstein		b. Title Director		c. Telephone Number (916) 445-4775	
d. Signature of Authorized Representative				e. Date Signed 1/22/03	

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Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102



Economic Development Administration

GENERAL REQUIREMENTS

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier			
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			

5. APPLICANT INFORMATION

Legal Name: **Artois Comm. Service District** Organizational Unit: **Water System**

Address (give city, county, State, and zip code): **P.O. Box 130
Artois, CA. 95913**

Name and telephone number of person to be contacted on matters involving this application (give area code): **Jack F. Cavier Jr. - (530) 934-5654**

6. EMPLOYER IDENTIFICATION NUMBER (EIN): **68-0455504**

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify) _____

9. NAME OF FEDERAL AGENCY: **Rural Development**

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: **10-760**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: **New Well, Pressure Tank, Natural Gas Engine, Fitting, Etc.**

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): **Artois Comm. Service District**

13. PROPOSED PROJECT

Start Date	Ending Date
5/03	12/03

14. CONGRESSIONAL DISTRICTS OF: **Doug OSC**

15. ESTIMATED FUNDING:

a. Federal	\$ 204,000
b. Applicant	\$ 27,600
c. State	\$
d. Local	\$
e. Other	\$
f. Program Income	\$
g. TOTAL	\$ 231,600

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE **8/15/02**

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Jack F. Cavier Jr.	b. Title Chairman	c. Telephone Number (530) 934-5654
d. Signature of Authorized Representative <i>Jack F. Cavier Jr.</i>		e. Date Signed 1-13-03

Application for Federal Assistance

OMB Approval No. 0348-0043

1. Type of Submission Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. Date Submitted (mm/dd/yyyy) 01 / 03 / 03	Applicant Identifier 94-1658311
		3. Date Received by State (mm/dd/yyyy) 01 / 03 / 03	State Application Identifier 04-13-941658311
		4. Date Received by Federal Agency (mm/dd/yyyy) / /	Federal Identifier

5. Applicant Information

Legal Name Center for Employment Training	Organizational Unit Private Non Profit Corporation
Address (give city, county, State, and zip code) 398 S. Third Street El Centro, CA 92243	Name and telephone number of the person to be contacted on matters involving this application (give area code) Stephen H. Crabtree USDA (760) 342-4624

6. Employer Identification Number (EIN) (xx-yyyymm)

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B. Type of Application:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es): ☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify)

7. Type of Applicant (enter appropriate letter in box)

N

A. State J. Private University
B. County K. Indian Tribe
C. Municipal L. Individual
D. Township M. Profit Organization
E. Interstate N. Nonprofit
F. Inter-municipal O. Public Housing Agency
G. Special District P. Other (Specify)
H. Independent School Dist.
I. State Controlled Institution of Higher Learning

9. Name of Federal Agency

USDA Rural Development

10. Catalog of Federal Domestic Assistance Number (xx-yyy)

Title: B&I Loan Guarantee -

11. Descriptive Title of Applicant's Project

Federal guarantee of commercial loan to support a charter school.
Loan funds will be used to purchase real estate.

12. Areas Affected by Project (cities, counties, States, etc.)

City of El Centro
Imperial County, CA

13. Proposed Project

Start Date (mm/dd/yyyy) 02 / 01 / 2003
Ending Date (mm/dd/yyyy) 03 / 01 / 2003

14. Congressional Districts of

a. Applicant

52nd District

b. Project

52nd District - CA

15. Estimated Funding

a. Federal	\$	102,300.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. Total	\$	102,300.00

16. Is Application Subject to Review by State Executive Order 12372 Process?

a. **Yes** This pre-application/application was made available to the State Executive Order 12372 Process for review on:

Date (mm/dd/yyyy) 01 / 14 / 2003

b. **No** ☐ Program is not covered by E.O. 12372

or ☐ Program has not been selected by State for review.

17. Is the Applicant Delinquent on Any Federal Debt?

☐ Yes If "Yes," attach an explanation ☒ No

18. To the best of my knowledge and belief, all data in this application/pre-application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative Stephen H. Crabtree	b. Title Community Development Manager	c. Telephone Number (include Area Code) (760) 342 - 4624
d. Signature of Authorized Representative <i>Stephen H. Crabtree</i>		e. Date Signed (mm/dd/yyyy) 01 / 14 / 2003